



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:44

Reporting for the week ending 11/2/19 (MMWR Week #44)

November 8th, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS

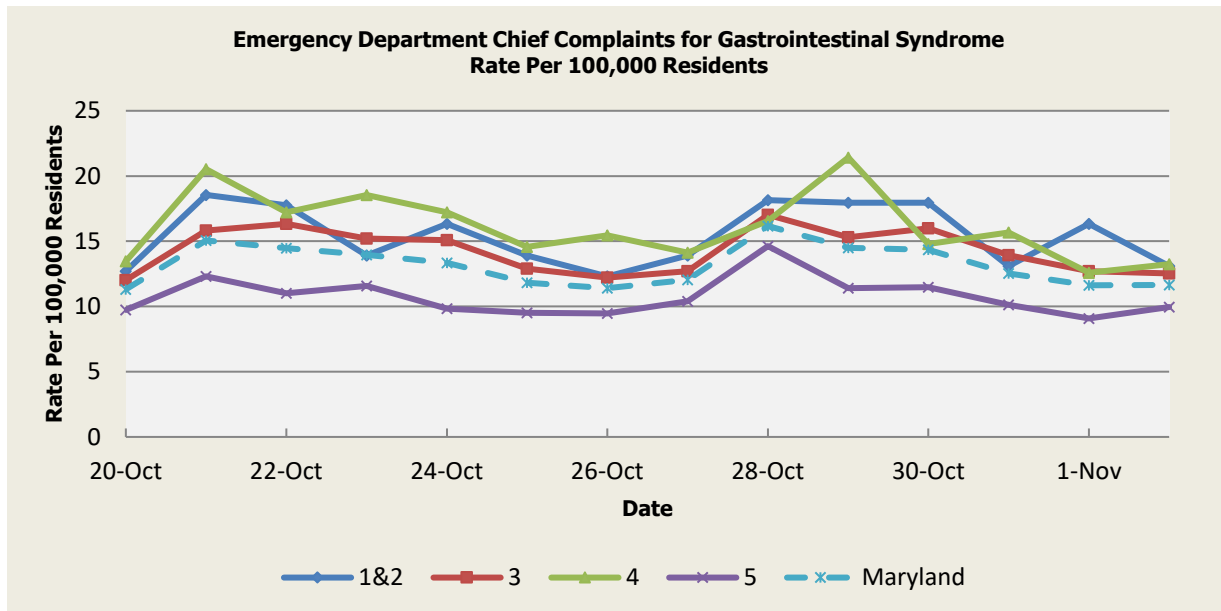
National:	No Active Alerts
Maryland:	Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



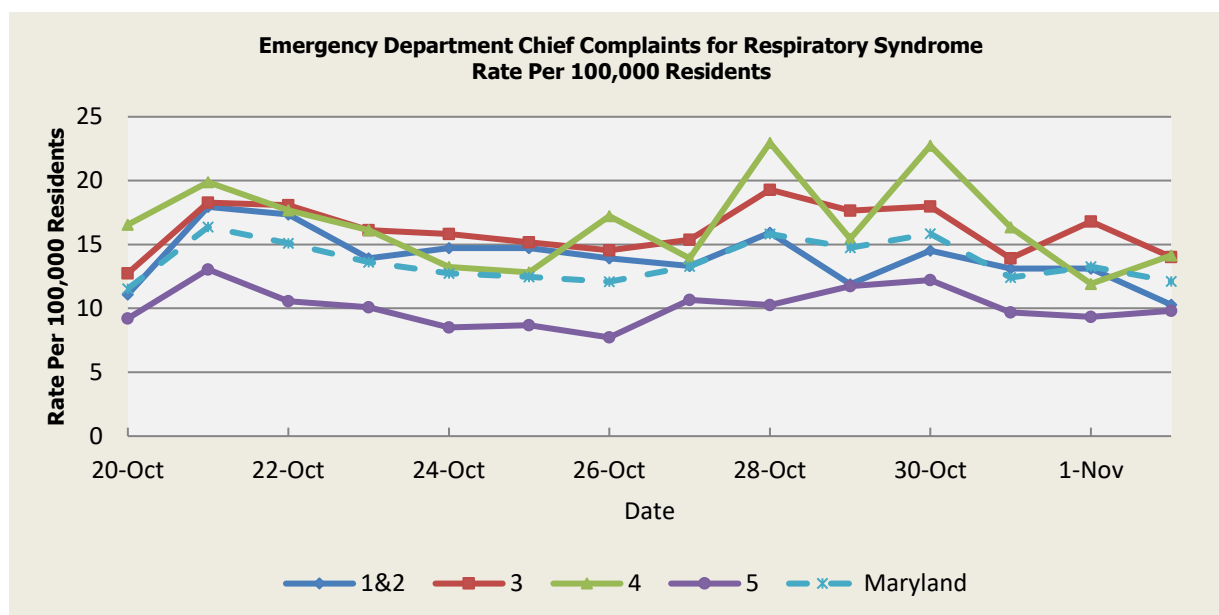
There were no Gastrointestinal Syndrome outbreaks reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.32	15.08	15.94	10.26	13.15
Median Rate*	13.11	14.87	15.46	10.17	13.02

** Per 100,000 Residents*

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Respiratory Syndrome



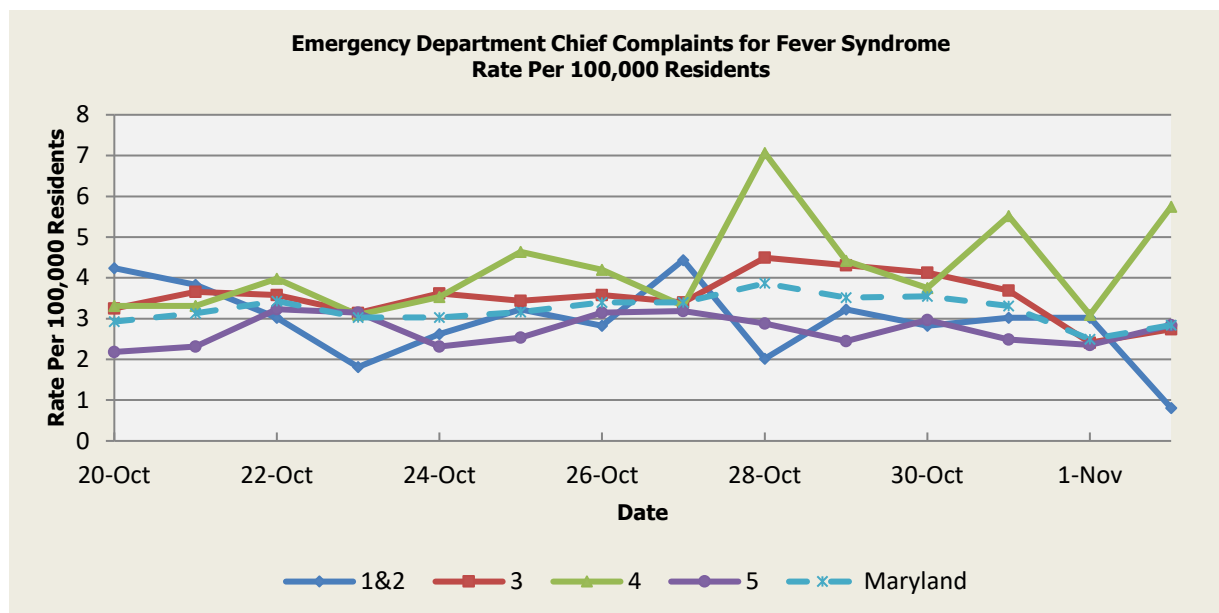
There was one (1) Respiratory Syndrome outbreak reported this week; one (1) outbreak of ILI/Pneumonia in a Nursing Home (Region 5)

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.63	14.71	15.05	9.95	12.74
Median Rate*	12.10	14.18	14.35	9.60	12.26

* Per 100,000 Residents

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Fever Syndrome



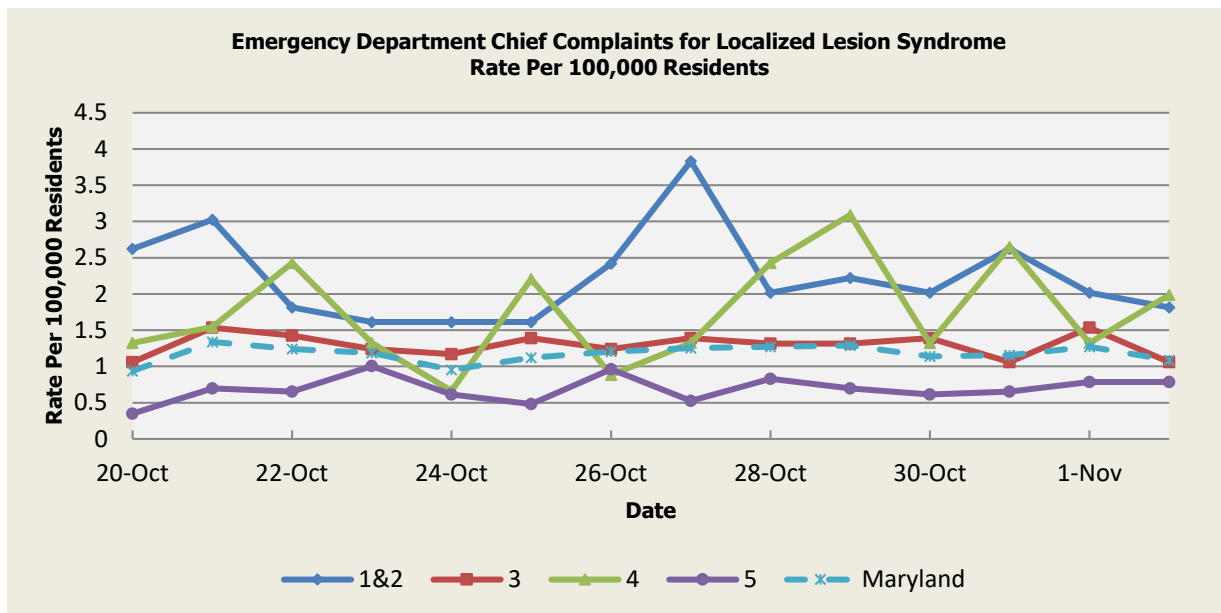
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.90	4.12	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

**Per 100,000 Residents*

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Localized Lesion Syndrome



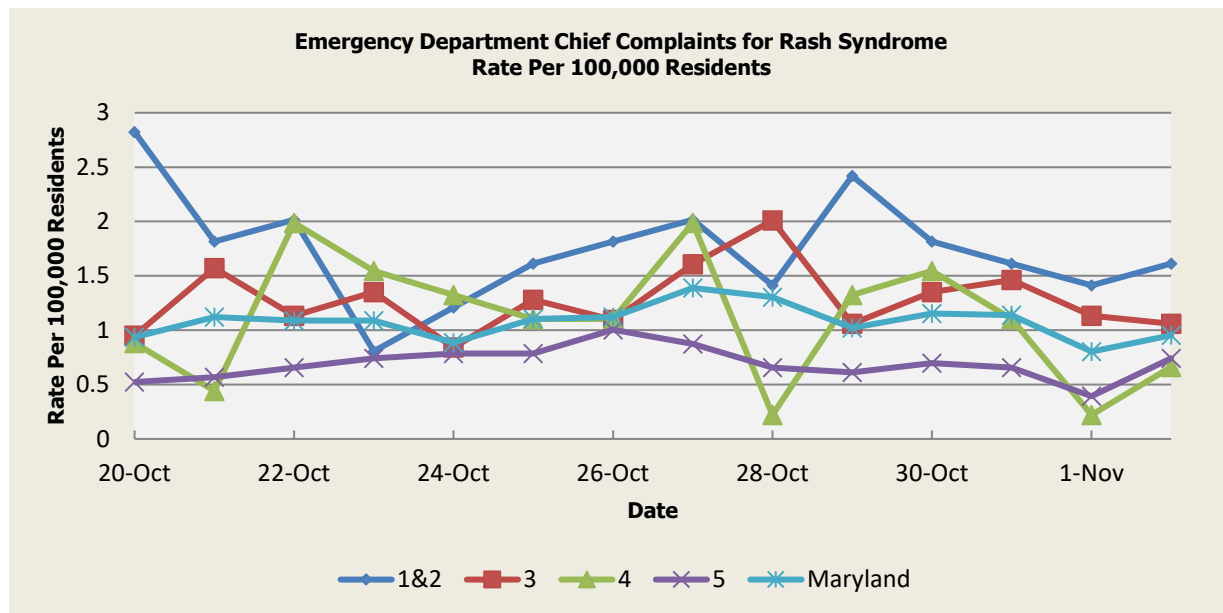
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.79	2.05	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.37

* Per 100,000 Residents

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Rash Syndrome



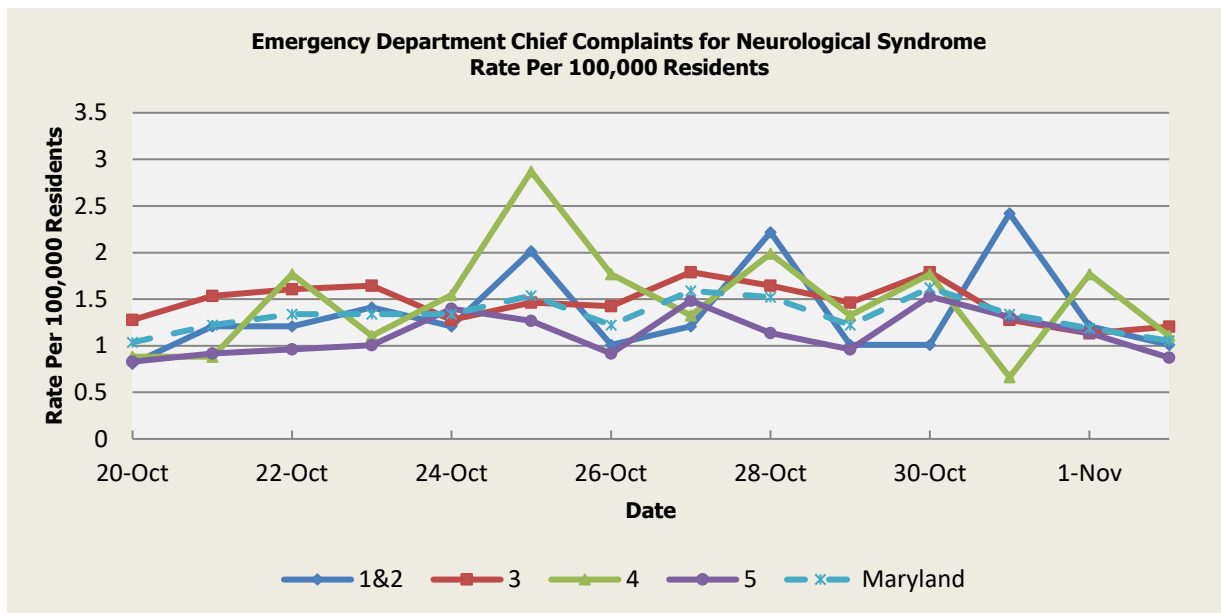
There were no Rash Syndrome outbreak reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.25	1.67	1.76	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

* Per 100,000 Residents

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Neurological Syndrome



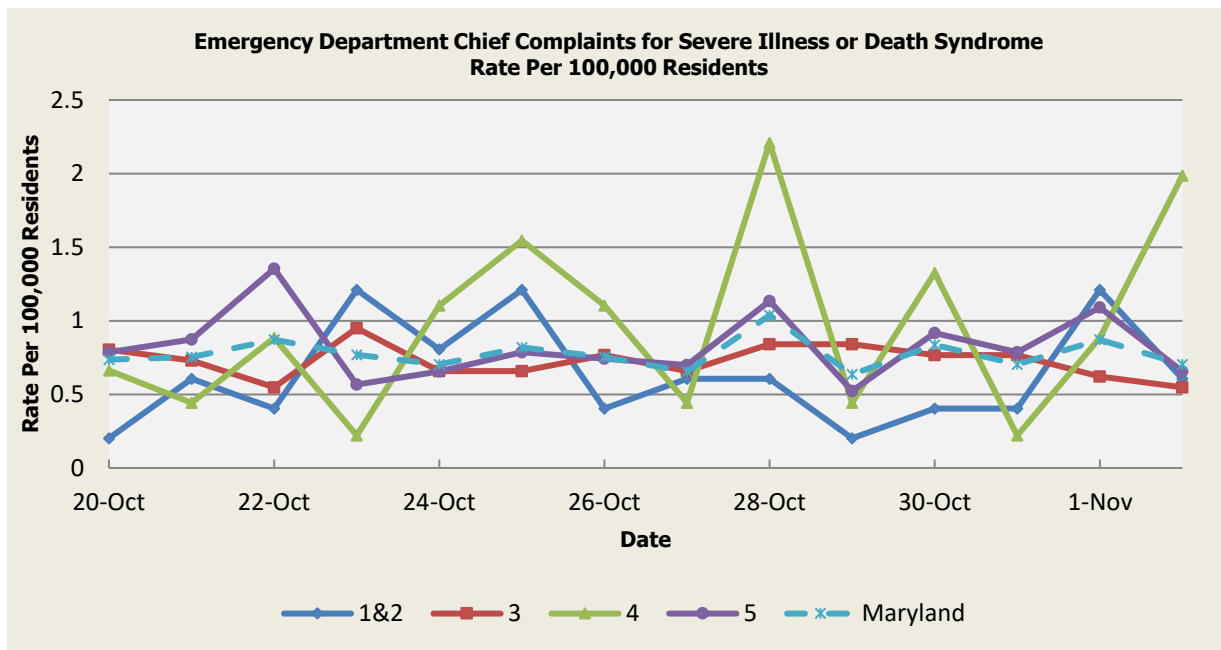
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.79	0.96	0.87	0.61	0.81
Median Rate*	0.81	0.88	0.88	0.57	0.72

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

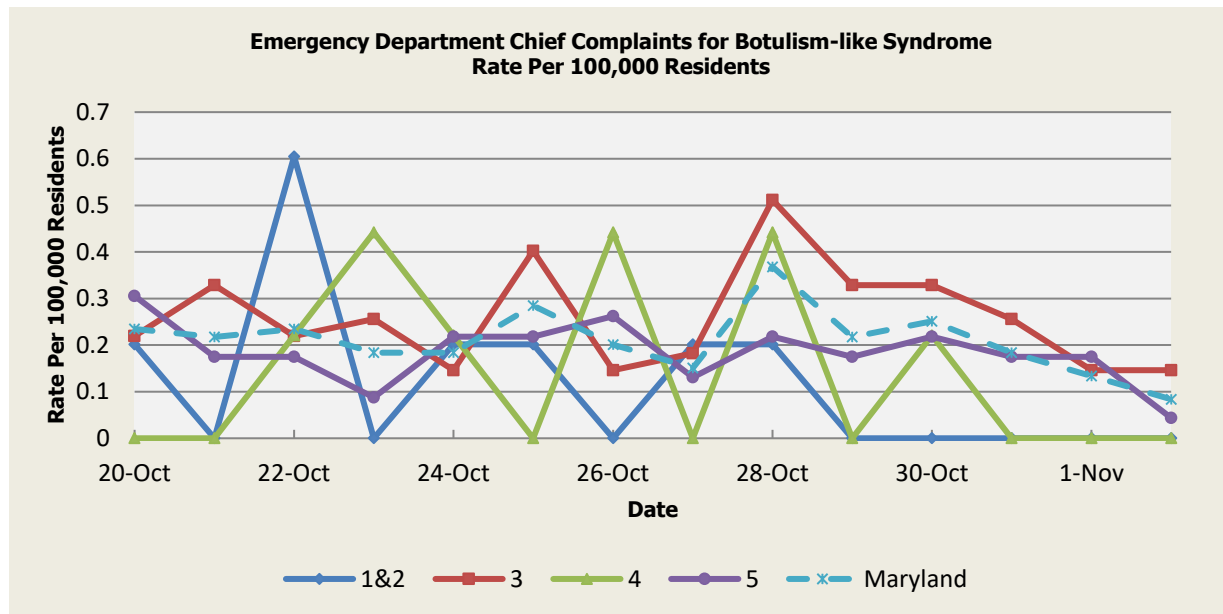
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.89	0.84	0.52	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



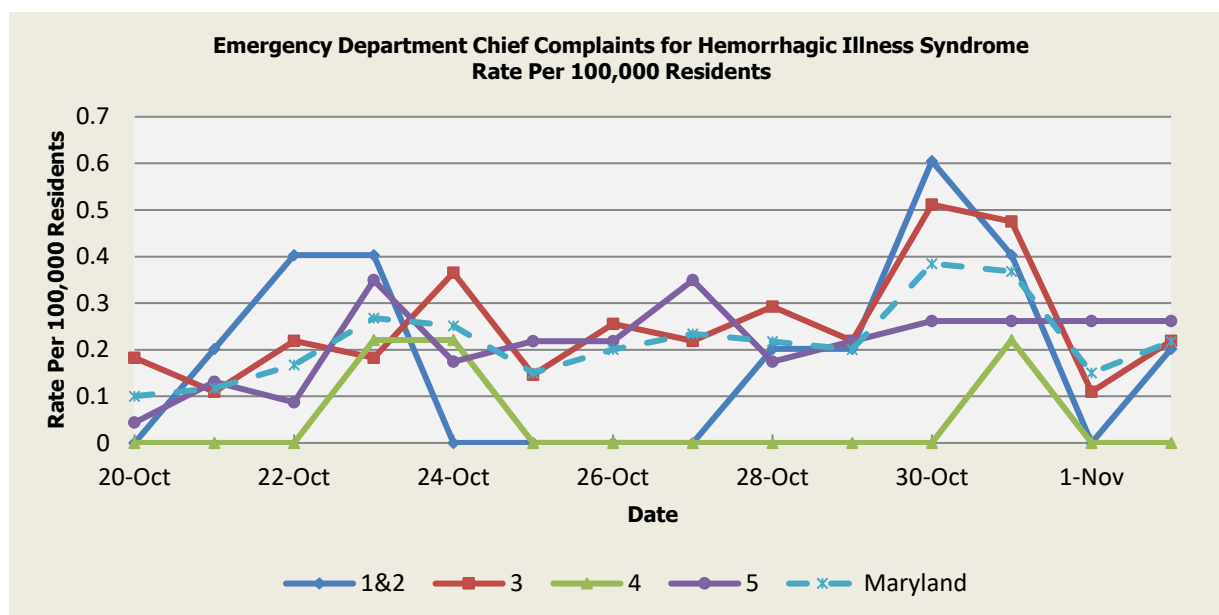
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome, 10/20 (Regions 1&2,5), 10/21 (Regions 3,5), 10/22 (Regions 1&2,4,5), 10/23 (Region 4), 10/24 (Regions 1&2,4,5), 10/25 (Regions 1&2,3,5), 10/26 (Regions 4,5), 10/27 (Region 1&2), 10/28 (Regions 1&2,3,4,5), 10/29 (Regions 3,5), 10/30 (Regions 3,4,5), 10/31 (Regions 3,5), 11/1 (Region 5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.13	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



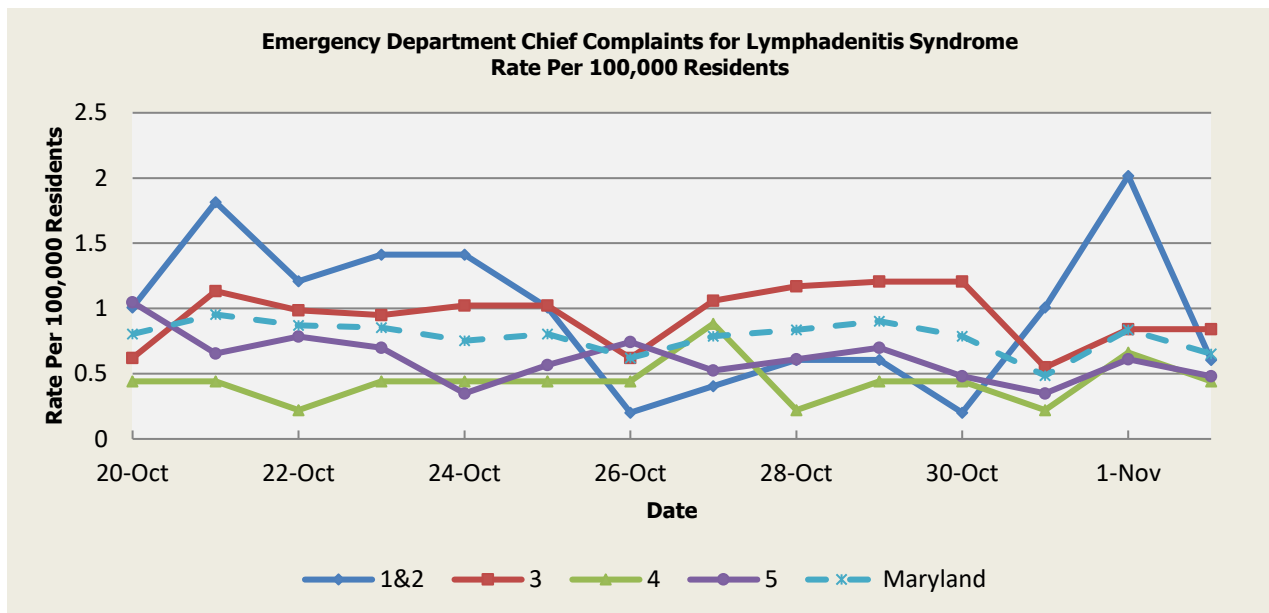
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome, 10/21 (Region 1&2), 10/22 (Region 1&2), 10/23 (Regions 1&2,4,5), 10/24 (Regions 3,4), 10/27 (Region 5), 10/28 (Region 1&2), 10/29 (Region 1&2), 10/30 (Regions 1&2,5), 10/31 (Regions 1&2,3,4,5), 11/1 (Region 5), 11/2 (Regions 1 &2). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome, 10/20 (Regions 1&2,5), 10/21 (Region 1&2), 10/22 (Regions 1&2,5), 10/23 (Region 1&2), 10/24 (Region 1&2), 10/25 (Region 1&2), 10/27 (Region 4), 10/29 (Region 3), 10/30 (Region 3), 10/31 (Region 1&2), 11/1 (Region 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.38	0.60	0.40	0.39	0.48
Median Rate*	0.40	0.51	0.44	0.35	0.44

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

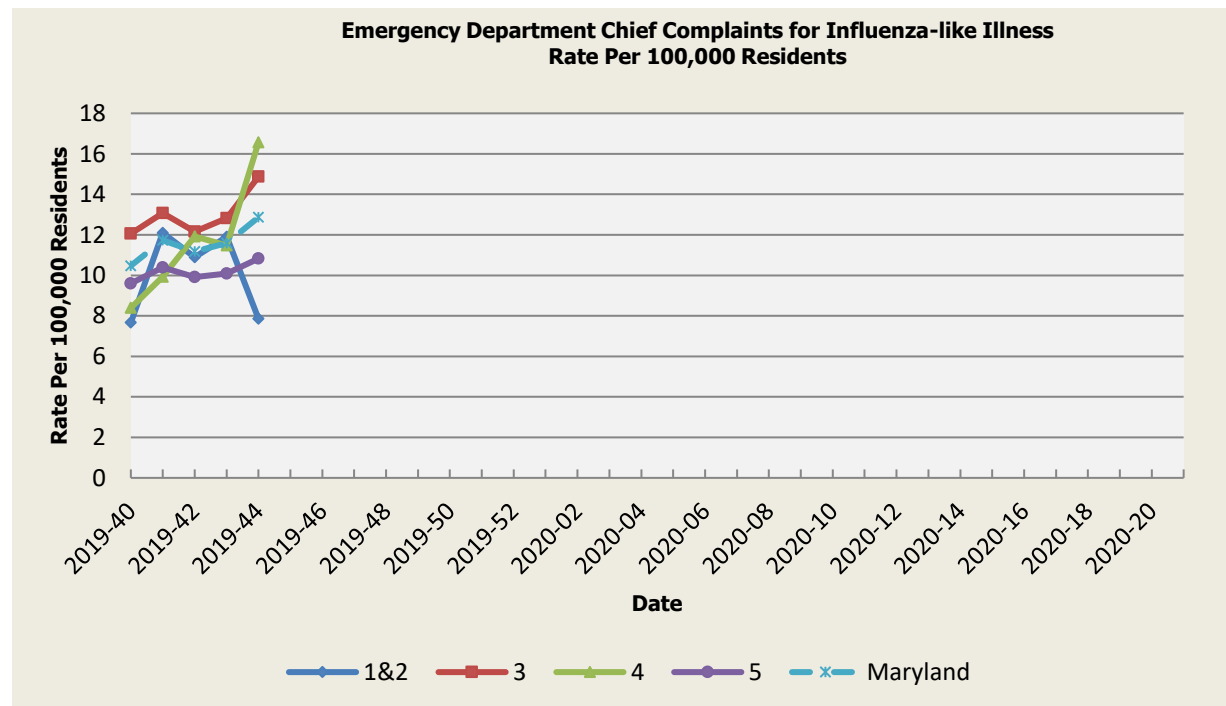
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). Seasonal Influenza activity for Week 44 was: Minimal Intensity and Widespread geographic activity.

Influenza-like Illness

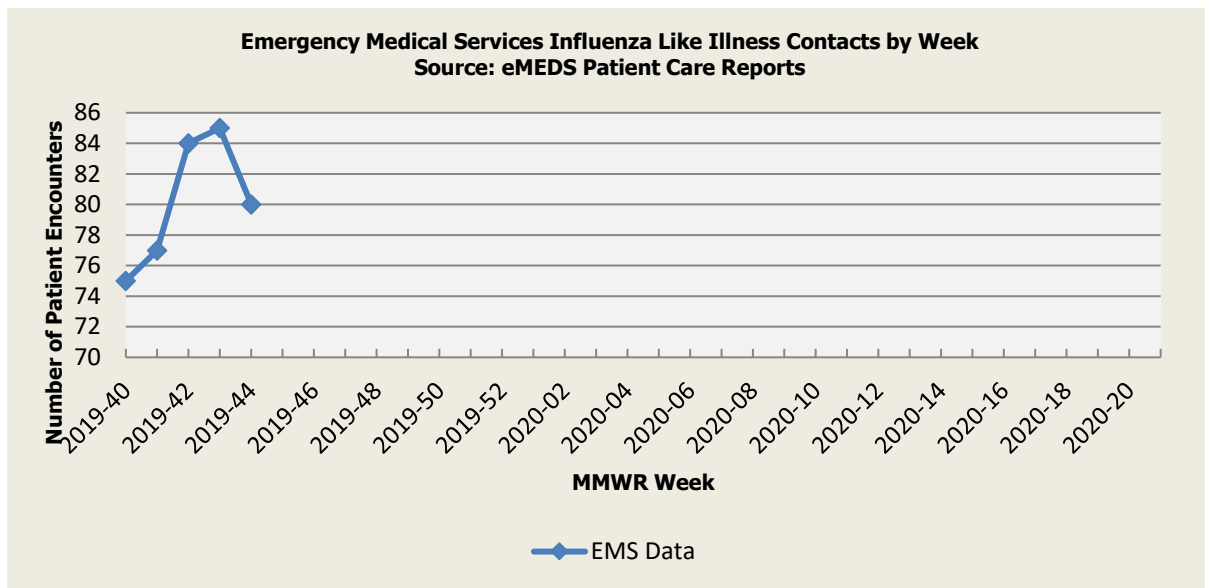


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.13	13.22	12.73	11.19	12.15
Median Rate*	7.66	10.30	9.27	8.73	9.42

* Per 100,000 Residents

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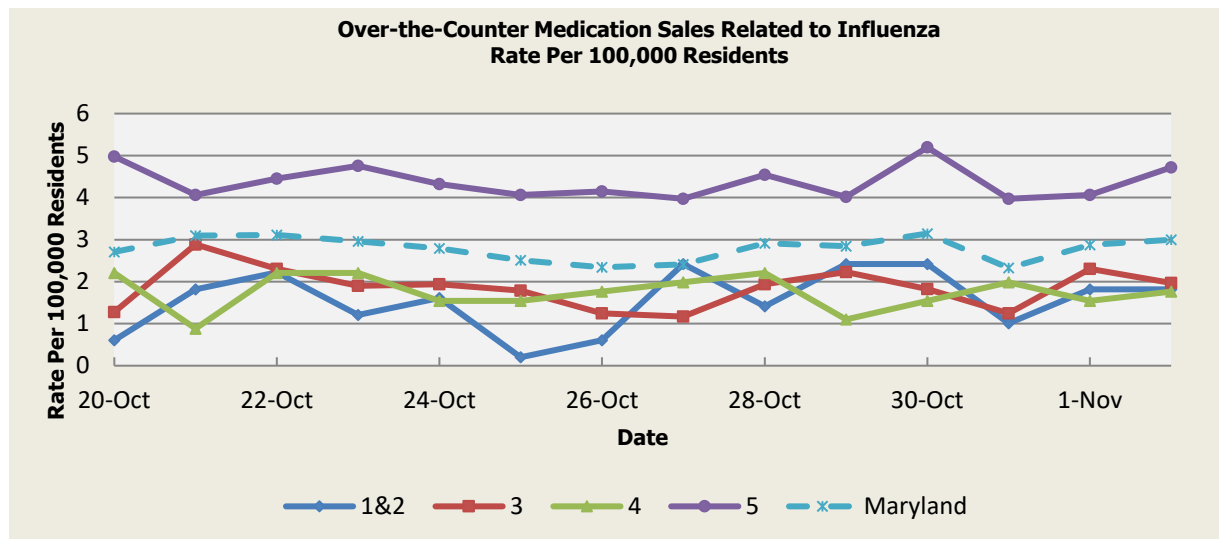
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



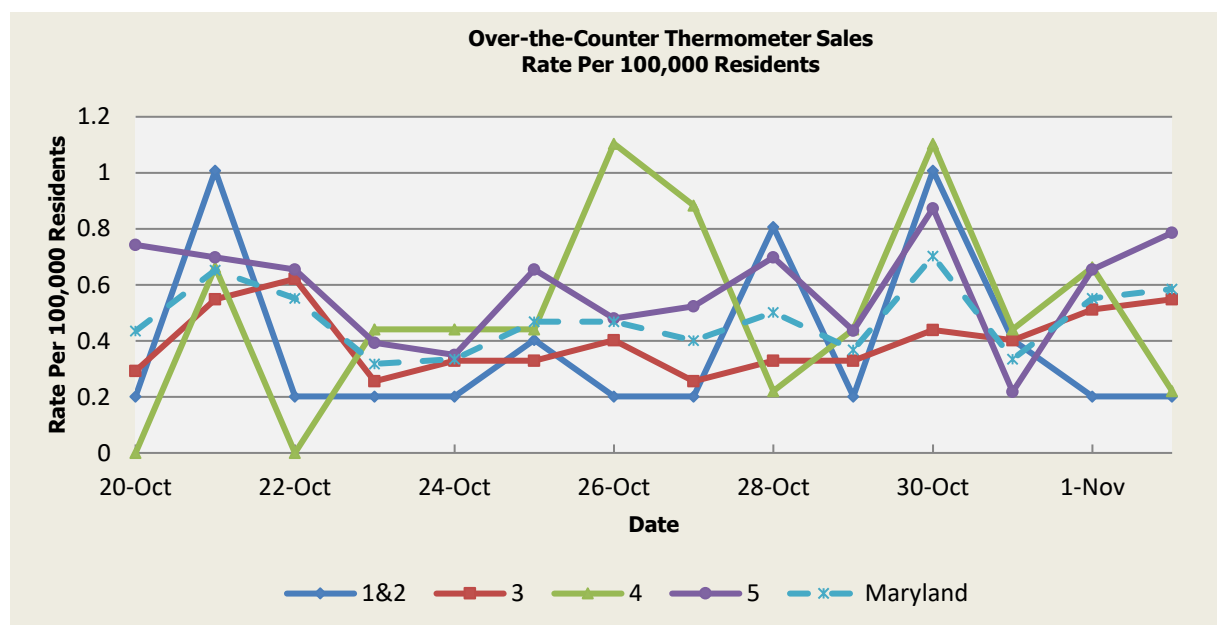
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.45	4.43	2.66	7.77	5.50
Median Rate*	2.82	3.58	2.21	6.99	4.72

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.92	2.78	2.22	3.69	3.10
Median Rate*	2.62	2.70	1.99	3.62	3.05

* Per 100,000 Residents

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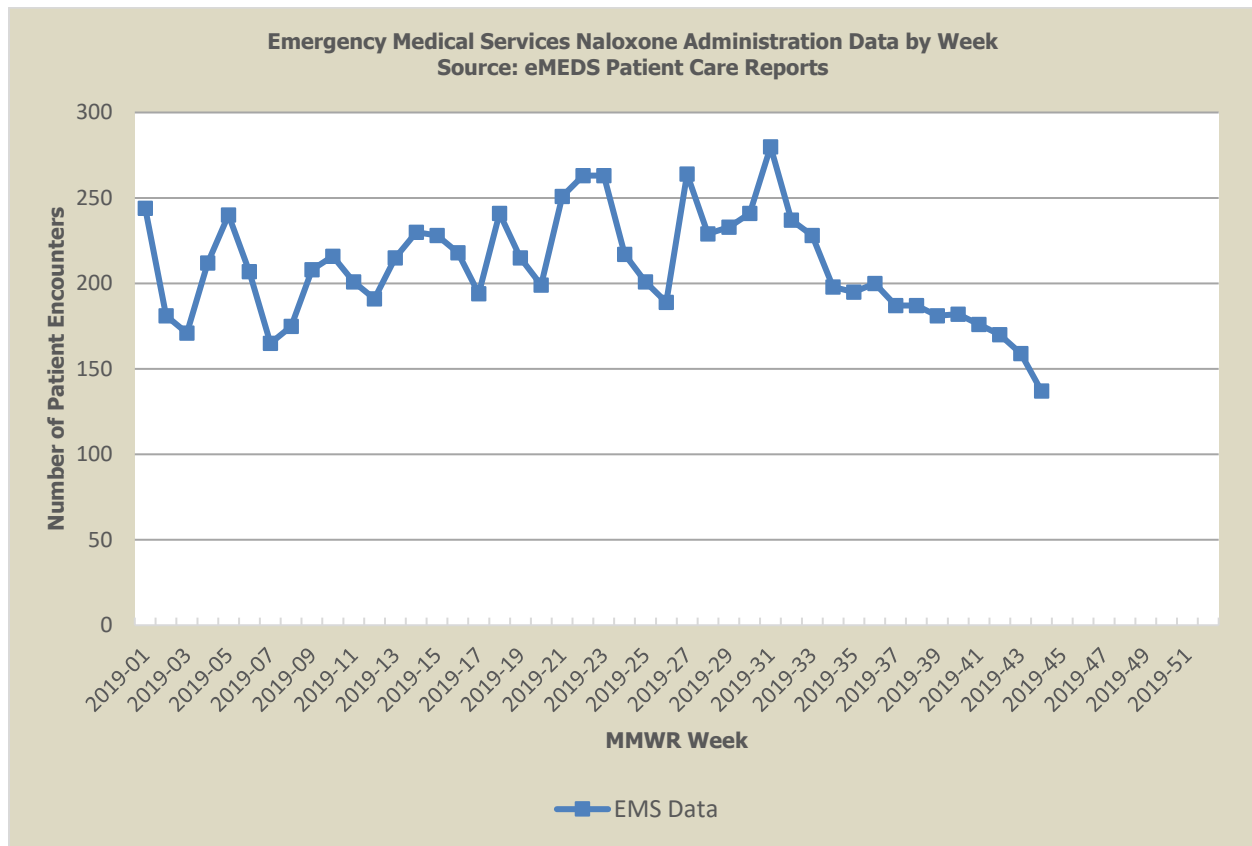
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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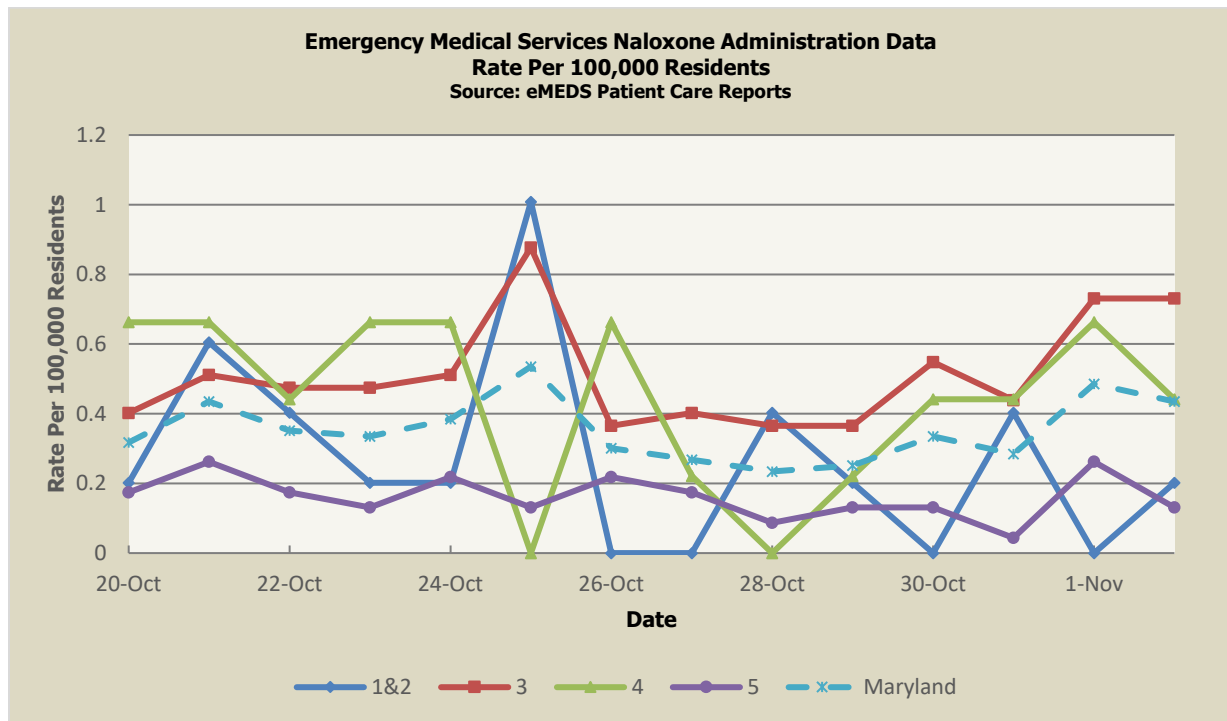
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of November 7th, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant avian influenza reports this week

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

THELAZIA GULOSA (CALIFORNIA), 6 Nov 2019, A trail run near the California coast may have led a woman to contract a horrifying infection with a rare parasitic eye worm. Read More: <https://www.promedmail.org/post/6764811>

SYPHILIS (OKLAHOMA), 5 Nov 2019, Oklahoma has experienced a 283% increase in the number of congenital syphilis cases in women since 2014. The Oklahoma State Department of Health (OSDH) is already seeing a 92% increase in the number of cases from 2018 to 2019 and is urging health care providers to test patients during the 1st and 3rd trimesters. Read More: <https://www.promedmail.org/post/6763118>

HANTAVIRUS (NEBRASKA), 4 Nov 2019, The Southwest Nebraska Public Health Department has confirmed a case of [a] hantavirus [infection] in the 9-county [Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Keith, Perkins, and Red Willow] health district. This is the 1st reported case of hantavirus in the southwest Nebraska area in over 6 years. Read More: <https://www.promedmail.org/post/6760502>

MUMPS UPDATE (MULTISTATE), 4 Nov 2019, Nearly 400 inmates have been quarantined after a mumps outbreak at Men's Central Jail, LA [Los Angeles] County sheriff's officials said. Read More: <https://www.promedmail.org/post/6760373>

VAPING-RELATED ILLNESS (MULTISTATE), 2 Nov 2019, The number of Americans stricken with a severe, sometimes fatal lung illness tied to vaping has now reached 1888, CDC reported on Thursday [31 Oct 2019]. That's a rise from the 1604 case total from a week ago. Currently, cases have been reported in every state except Alaska, the agency noted. Read More: <https://www.promedmail.org/post/6758511>

E. COLI EHEC (KENTUCKY), 31 Oct 2019, The community is coming together to support 2 sisters who are being treated at a Cincinnati hospital for _Escherichia coli_ [infection]. Read More: <https://www.promedmail.org/post/6756403>

RABIES (MULTISTATE), 31 Oct 2019, A positive case of rabies was found in a domestic cat, [which had] bitten a Fresno County resident, health officials said. Read More: <https://www.promedmail.org/post/6752781>

PSEUDOMONAS (PENNSYLVANIA), 30 Oct 2019, Geisinger and state [Pennsylvania] Health Department investigators still are searching for answers to a pseudomonas bacteria outbreak blamed in the death of 3 infants in Geisinger Medical Center's neonatal intensive care unit (NICU), Geisinger spokesman Joseph Stender said. Read More: <https://www.promedmail.org/post/6752983>

PERTUSSIS (MULTISTATE), 27 Oct 2019, There's a pertussis outbreak in Jefferson County. Public health officials say there have been 23 confirmed cases of the disease [pertussis], also known as whooping cough, since 1 Jun [2019]. Read More: <https://www.promedmail.org/post/6749235>

INTERNATIONAL DISEASE REPORTS

POLIOMYELITIS UPDATE (PHILIPPINES), 5 Nov 2019, The Department of Health (DOH) on [Tue 5 Nov 2019] evening confirmed the 4th polio case in the country. "The test conducted by our Research Institute for Tropical Medicine and the National Institute of Infectious Diseases- Japan confirms the 4th polio case in the country," Health Secretary Francisco Duque III said in a statement. Read More: <https://www.promedmail.org/post/6763633>

LEGIONELLOSIS (CANADA), 5 Nov 2019, Four new cases of legionnaires' disease have been reported since an outbreak of the severe form of pneumonia that sickened 16 people in the Moncton [New Brunswick] area was declared over. Read More: <https://www.promedmail.org/post/6763119>

YELLOW FEVER (NIGERIA), 5 Nov 2019, A disease outbreak suspected to be yellow fever [YF] has again killed at least 6 people in different communities in Kyata ward of Ningi Local Government Area after killing over 18 people in Yankari Local Government, all in Bauchi State. Read More: <https://www.promedmail.org/post/6762057>

KLEBSIELLA (GERMANY), 2 Nov 2019, Germany has reported an outbreak of carbapenemase-producing (NDM-1 and OXA-48) and colistin-resistant *Klebsiella pneumoniae* sequence type (ST) 307. As of [21 Oct 2019]. Read More: <https://www.promedmail.org/post/6758919>

MALARIA (INDIA), 2 Nov 2019, As Delhi government led by chief minister Arvind Kejriwal and the municipal corporation are trying to prevent spread of mosquito borne diseases including dengue, malaria, chikungunya, Zika virus among others, the situation doesn't seem to be under control. Read More: <https://www.promedmail.org/post/6758918>

MERS-COV (UNITED ARAB EMIRATES), 1 Nov 2019, On [7 Oct 2019], the National IHR Focal Point of the United Arab Emirates (UAE) notified the World Health Organization of one laboratory-confirmed case of Middle East respiratory syndrome coronavirus (MERS-CoV) infection. Read More: <https://www.promedmail.org/post/6757528>

MALARIA (KENYA), 1 Nov 2019, Nakuru County health executive Dr Gichuki Kariuki has urged Solai residents to visit health facilities in the area for malaria checkup. Read More: <https://www.promedmail.org/post/6757207>

TRYPANOSOMIASIS (MALAWI), 1 Nov 2019, In the southern African nation of Malawi trypanosomiasis, or sleeping sickness, has caused residents to become ill from tiny parasites [trypanosomes] which are spread by the bite of the tsetse fly. Read More: <https://www.promedmail.org/post/6757106>

SALMONELLOSIS, SERTOTYPE WELTEVREDEN (AUSTRALIA), 31 Oct 2019, The number of people ill in a salmonellosis outbreak linked to a brand of frozen microwave meals in Australia has jumped to 46. Public health investigations have found that sick people in New South Wales (NSW), Queensland, South Australia, Western Australia and the Australian Capital Territory (ACT) reported consuming the products. Read More: <https://www.promedmail.org/post/6756309>

HEPATITIS A (UKRAINE), 31 Nov 2019, A total of 15 students of the 2ary school No. 7 in Chernihiv were hospitalized with suspicion of hepatitis A on [28 Oct 2019]," the press service of Ukraine's State Emergency Service reports. It is noted that at the moment a complex of epidemic prevention measures are being carried out. Read More: <https://www.promedmail.org/post/6752534>

YELLOW FEVER (NIGERIA), 31 Oct 2019, An outbreak of yellow fever in Matazu Local Government Area [LGA] of Katsina State has claimed 115 lives, Daily Trust gathered. Read More: <https://www.promedmail.org/post/6754875>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

